

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025511

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 17091. **FILED JUN 20 1962**
a. COUNTY St. Louisb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kirkwood, MissouriLength of stay in 1b
3 daysc. CITY
OR TOWN BrentwoodInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Joseph's HospitalInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
2468 CeceliaReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RobertPatrickKinlough4. DATE
OF DEATH

Month

Day

Year

June7.1962

5. SEX

M

6. COLOR OR RACE

W7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-16-08

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Police Chief10b. KIND OF BUSINESS OR INDUSTRY
Police Dept.11. BIRTHPLACE (City and state or country)
Brentwood, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Patrick Kinlough

13b. MOTHER'S MAIDEN NAME

Mary Dace

14. NAME OF HUSBAND OR WIFE

Ann Kinlough

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ann Kinlough 2468 Cecelia18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Rupture of MyocardiumINTERVAL BETWEEN
ONSET AND DEATHminutesConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Acute Myocardial Infarction5 days

DUE TO (c)

Arteriosclerotic Heart Disease2 yrs.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 1960, to 6-7-62 and last saw him alive on 6-7-62
Death occurred at 3:30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

HOFFMEISTER COLONIAL MORTUARYSAM6-8-62John B. Murphy M.D.

6464 Chippewa

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/591 40032 401134 05 167 08 19 4200101112 44013

Dr. Charles Miller
135 W. Adam
TA. 1-9150

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John H. Denney

Licensed Embalmer No.

4194

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.